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Nexus between Hospitality and Healthcare for Enhancing Patient's Experiences: Lessons to learn from the Hotel Industry

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Abstract: In this era of globalization, where the physical, financial and psychological barriers between countries, people and their psychologies are shrinking, the hospital sector has been emerged as one of the sunshine sector catering to the health and wellness of the people not only in the host countries but also serving the patients beyond borders. In a progressive country like India, we need to compete with the global powers in terms of quality, affordability, technology and infrastructure in the healthcare sector. Due to the explosion in consumerism, emergence of private players in the healthcare industry has begun along with the support provided by the governments. As, time and again the quality has been proved as one of the major differentiating factors for developing competitive advantage, the demand has started for total transformation from the basic healthcare providers to holistic wellness providers. In this time, we can learn lessons from the hotel industry that shares many characteristics with the hospitals. After years of research and implication of various quality enhancing systems, in the hotel industry there exists long lists of innovations and improvements for the satisfaction of customers. Now it is the time to transform the hospital sector in line with the hotels. Taking this as background, our article has tried to link both the sectors to offer holistic solutions for a better customer care. The idea is to understand the current gaps in functional quality and apply the principles of hospitality studies in order to leverage from the successful advancements made in the hotel industry.

Keywords: Hotels, Hospitals, patient's satisfaction, quality improvement

INTRODUCTION

If we discuss the terms like hospitality, hostels, hotels, hospitals etc. we can find a common thread between them as hospes which means to host the strangers seeking varying benefits. Amongst these, the hotels and

hospitality sector may diametrically appear to be two separate entities from a distance, but in practice they share a common element of customer service aimed at achieving the ultimate level of customer satisfaction. Both these sectors need to play the role of gracious hosts in order to offer better values to their customers. The definition of hospitality states it as the affectionate and bountiful reception, entertainment and catering of guests, visitors, or strangers as described by the oxford advanced learner's dictionary. This can aptly be bestowed upon both the hotels and hospital sectors where the entities cater to the varieties of needs of the customers. If we start to list down the commonalities between the hotels and hospitals, we can find many similarities in terms of ever demanding customers, well-informed clientele, large hierarchy of employees with various skill sets, holistic service offerings through different departments, multiple payment structures related to customer's perceptions, strong company-suppliers relationships etc. When looking towards the flip side, the first difference comes out in terms of condition / mood / behaviour of the customers. People visiting the hospitals are in a state of distress, anxiousness and thereby apprehensive about the health conditions where as in case of hotels normally the visitors are vacationers who are joyful, casual and excited or seeking convenient atmosphere for conducting their business related works. Another difference is about the payment structures where in case of hotels, the customers directly pay from their pockets where as in hospitals many people pay their bills through the insurance claims (Third party billing). In most of the cases, guests visiting to hotels, choose their hotels (options) and timings of the stay where as in case of hospitals, it is quite a difficult process to plan ahead about the admission and treatment process (Zygourakis et al., 2014). Also in case of hospitals, the clinical quality (technical know-how) of the doctors plays a major role in terms of ensuring the recovery of the distressed patients for which the other aspect of comfort (functional quality) plays the secondary role there. These disparities make the task of the hospital authorities more difficult to ensure the optimal level of comfort for their customers as it has been time and again proved that for total customer satisfaction, we need to offer both technical and functional quality at the best possible levels (Ali et al., 2017). Though the functional quality for customer satisfaction plays the second lead in ensuring customer satisfaction, nevertheless, we can underestimate it as over the years many researchers have proved it to be directly linked with the overall clinical quality of the hospitals as well as helps in ensuring customer satisfaction in long run (Godil et al., 2013 & Jha et al., 2008).

In this hypercompetitive era, when the market dynamics are volatile, the classic service quality can act as the single most differentiating factor to make the company stand apart from the competition. As the hospitals and hotels both come under the ambit of service sector, their hospitality quality becomes intangible in nature. Thus depends upon the relation between host and guest interactions in the both the places. (Ive, 2000) proposed that in order to set high service standards, then we need to possess a deep understanding of people. Both who provides the service and who receives. Jones & Lockwood (1989) supported this theory by adding the fact that to get the highest level of customer satisfaction; we need to act during the actual service encounter phase. Hospitality is an industry that takes care of people who are outside their homes and Mullins, (1995) confers that by offering an effective and efficient environment to the guests, we can achieve customer satisfaction. Therefore the hotels and the hospitals can learn from each other while catering to the demands of the customers who visit them. Singh (2006) identified that in the era of globalization; hospitals are gradually becoming "being hospitable" which in turn is improving their environment. Fottler et al. (2000) agree that the healthcare industry has recognized the physical environment as a valuable resource which can affect its customers over the last ten years. Thus management is an essential component of the hospitality industry that holds both hotel and hospitals. As per David (2005),

proper management is must as it can make or break the industry. Because of the unique characteristics of the services sector, the management of both employees and customers are equally important for a smooth transition of services. Therefore, we need to understand the views of the customers and offering them the way they want the services in order to gain sustainable competitive advantage.

CHANGING DYNAMICS OF THE HOSPITAL SECTOR

Due to globalization, the modern hospital sector has been evolving with the expectation levels of the customer growing at a faster rate. We can note down the various major transformations in hospital section as below.

- ❖ The customers are becoming more and more demanding and they are looking towards the optimal levels of value for the money spent. Competitive pricing with a touch of care is necessary at every point of services.
- ❖ Intolerant levels towards waiting times at various procedures like registration, consultation, investigation, treatment, payment, insurance claims and discharge etc.
- ❖ The power of social media exposures has given the customers a new weapon of complaining on a real-time basis.
- ❖ Patients normally expect someone to guide them towards various services such as registration, OPD block, investigations etc.
- ❖ Demand is high for amenities like the quality & quantity of food, privacy in rooms, easy accessibility, convenient parking, connectivity etc.
- ❖ Higher levels of expectations towards cleanliness, friendliness, comfortable and relaxing environment.
- ❖ Greater demand for provision of physical, financial and emotional security. Physical (building, electrical, in-room facilitates, equipments, parking etc.), Financial (Handling of money, protection from unsocial elements and unwanted people etc.), Emotional (Attitude, accessibility, attentiveness, responsiveness, courtesy, caring, respect, compassion, knowledge of the doctors, nurses and other staffs).

With globalization and adaptation to free market economies, the behaviours of consumers have changed significantly. The metamorphose in services industry has brought radical changes to the healthcare sector and the need for a better health care has been on a incremental stride in the recent years (Singh, 2014). In India, with more than 5000 years old civilization, we got tremendous opportunities in the healthcare sector through our well established rich heritage, ancient medicinal systems of yoga, ayurveda, unani treatment etc. After Independence in 1947, our economy was centrally controlled by the government which gave very least opportunities for the private sectors as well as foreign players to enter into the field. But in 1990s the economic system opened up and provided an ocean of opportunities that helped a growing state like India to become a part of the one knowledge economy rather than solo existence. Within this last couple of decades; India has relatively done well in the world healthcare index, with many foreigners from across the border visiting for their treatment. This growth in this medical tourism can be attributed to several reasons like highly skilled doctors & technicians, quality nursing care, use of modern technology, internationally recognized medical supplies, affordability, favourable exchange rates, facilities of banking,

plastic money, e-commerce etc. rise in the local insurance sector, least waiting periods for the international patients, easier visa formalities, emergence of private players, modern hospitals, world class hotels, renowned alternative medicine systems like yoga, ayurveda etc, cultural and natural attractions etc. The International Health care Research Centre and Global Healthcare Resources which publishes the world medical tourism index in 2016, ranked India in position no 5 which covered almost 176 countries in the World.

Table 1
2016 MTI Competitive Ranking

<i>Sl. Countries</i>	<i>MTI Ranking</i>	<i>Sl. Countries</i>	<i>MTI Ranking</i>
1 Canada	76.62	9 Italy	69.50
2 UK	74.87	10 Colombia	69.48
3 Israel	73.91	11 Spain	68.29
4 Singapore	73.56	12 Japan	68.00
5 India	72.10	13 Panama	67.93
6 Germany	71.90	14 Costa Rica	67.67
7 France	71.22	15 Dominican Republic	67.58
8 South Korea	70.16		

Source: International Health care Research Centre and Global Healthcare Resources

On pen and paper this looks very attractive, but if we see the other side of this glorious report, we can find many disheartening news of mortalities of infant and maternal masses, negligence / misbehaviour shown by the doctors and staffs, social taboos, eruption of epidemics like Malaria, Dengue, Chikungunya, Japanese Encephalitis, pathetic condition of health care infrastructures which points towards a very pathetic state. The current healthcare system in India appears to be more paradoxical in nature where at one hand, we are aiming towards establishment of brand India as a world-class healthcare destination and on the other side we are unable to provide the basic health care facilities to the citizens.

With this all in background, we have made an effort to map the current state of healthcare infrastructures in the state of Odisha, India by taking into consideration both public and private entities. The study has given us some insights about the current status of healthcare industry in the state and thereby instigated us to propose some measures for the improvement of it. Finally we have tried to establish a link between the hotel and hospital sectors in order to implement the path breaking techniques already proven in the hotel industry, in the hospital sector.

LITERATURE REVIEW

The discussion for service quality is on from the 19th century onwards. But it came to the center stage only after the world wars as the countries focussed on nation building process that was devastated in the war. Gradually it became associated with customer satisfaction and that further translated into generating customer loyalty and thereby repeat purchase intentions (Jaswal & Walunj, 2017). The terms of service quality, customer satisfaction and customer loyalty have become the cornerstones of success for a company to gain advantage over its competitors (Shahnaz & Kianoush, 2014). Thus, It can be inferred that the service quality is the single most important criteria that can make or break a deal and help in creating the brand

image of the company (Arsanam & Yousapronpaiboon, 2014). By definition, quality can be defined as the amalgamation of technical and functional aspects of any product or service (Gronroos, 1984; Andaleeb, 1998; Yousapronpaiboon & Johnson, 2013). Technical quality stands for what is delivered to the customers where as functional quality defines how (the way / process) it is delivered to them. Some other researchers state it as the difference between expectations (before availing the product/services) and perceptions (after availing the products / services) (Parsuraman *et al.* 1988; Wang & Shieh, 2006). It can also be defined as the yardstick of superior offerings that results in increase in the satisfaction level (Jones *et al.*, 2003; Lymperopoulos *et al.*, 2006), rise in profitability and thereby increasing in the market share (Newman, 2001; Szmigin & Carrigan, 2001; Caruana, 2002; Dadoa *et al.*, 2012; & Sharma, 2014). As the services are different from the products due to unique characteristics of intangibility, perishability, variability and simultaneous production & consumption, more caution has to be taken while evaluating the parameters of quality in them (Gronroos, 1990). Due to this uniqueness in nature and difficulty in evaluation, normally we take note of the perception of the customers rather than depending on the technicality of the services especially in services (Parsuraman *et al.* 1985, 1988).

For measuring the perception of customers, there are many suggested models to capture the data. (Sasser *et al.*, 1978, Lehtinen, & Lehtinen, 1982, Grönroos, 1984, Garvin, 1987, Coddington, & Moore, 1987, Haywood, 1988, Brogowicz, Delene, & Lyth, 1990, Cronin, & Taylor, 1992, Mattsson, 1992, Teas, 1993 Rust, & Oliver, 1994 Dabholkar, *et al.*, 1996, Sweeney, Soutar, & Johnson, 1997, Philip, & Hazlett, 1997, Evans, & Lindsay, 1999, Frost, & Kumar, 2000, Victor, *et al.*, 2001, Brady, & Cronin, 2001, Zhu, *et al.*, 2002, Parasuraman, Zeithaml, & Malhotra, 2005, Landrum, *et al.*, 2008, Lee, D. 2016) amongst which the SERVQUAL scale developed by Parsuraman, Zeithamal and Berry (1985, 1988) for measuring the gap between the perception and expectation levels of the customers, have become the major gauge. Many scholars and researchers have tested the applicability of the SERVQUAL scale and found it to be a valid, robust, reliable, and predominate over others (Babakus & Mangold, 1992, Asunbonteng *et al.*, 1996, Heung *et al.*, 2000). The SERVQUAL scale normally contains 22 set of parameters divided into five dimensions such as

- ✓ Tangibles – It includes the physical facilities, entities, equipments, personnel, their uniforms, languages etc.
- ✓ Reliability – It's the ability of the firm to carry on the services as promised.
- ✓ Responsibility – It's the readiness of the company to provide the services.
- ✓ Assurance: This includes the knowledge and courtesy of the firm to carry the service delivery process.
- ✓ Empathy - The caring nature and ability to understand the suffering of others.

In order to carry out a survey, we need to put these five dimensions in to testing by implementing a questionnaire consists of 22 nos. of questions covering all aspects of a service delivery process asked both for expectations and perceptions.

OBJECTIVES OF THE STUDY

The various objectives of this study can be listed as follows.

- ✓ To assess the reasons for visiting a particular hospital types.
- ✓ To assess the level of satisfactions towards the hospital types.

- ✓ To assess the average spending of customers visiting the hospitals.
- ✓ To assess the gap between the expectation and perception levels of the customer.
- ✓ To provide suggestions for improving service quality hospitals.

RESEARCH METHODOLOGY

The research was conducted in the state of Odisha with samples taken from the twin cities of Bhubaneswar and Cuttack. Two teaching hospitals situated at Cuttack (Public) and Bhubaneswar (Private) cities were selected for the study. A thorough literature review was conducted and subsequently a questionnaire was developed with 22 set questions of SERVQUAL model used twice to map the expectations and perceptions. The 22 items were divided over the five service quality dimensions empathy, assurance, tangible, timeliness and responsiveness. The perception and expectation of patients were recorded in a seven point scale from entirely disagrees to the entirely agrees was used for empirical analysis. The coding of the Likert scale was made as [1 = entirely disagree], [2 = mostly disagree], [3 = somewhat disagree], [4 = neither agree nor disagree], [5 = somewhat agree], [6 = mostly agree], [7 = entirely agree]. The descriptive statistics of the respondents of this study is given below. The total sample size of 240 was taken for the study with 120 each for public sector and 120 for private sector. The target population considered for the study was all persons belonging to SEC A, B or C who had been admitted to the medical college hospitals. Non-probability convenience sampling was used for the study.

ANALYSIS AND INTERPRETATIONS

Table 2
Profiling and Usage Part

<i>Parameters</i>	<i>Demographic Profiles</i>	<i>Overall</i>		<i>Public</i>		<i>Private</i>	
		<i>Nos.</i>	<i>Percentage</i>	<i>Nos.</i>	<i>Percentage</i>	<i>Nos.</i>	<i>Percentage</i>
Gender	Male	161	67.1	75	62.5	86	71.7
	Female	79	32.9	45	37.5	34	28.3
Area	Urban	128	53.3	52	43.3	76	63.3
	Rural	112	46.7	68	56.7	44	36.7
Socio-Economic Classifications	SEC A	138	57.5	63	52.5	75	62.5
	SEC B	77	32.1	42	35	35	29.2
	SEC C	25	10.4	15	12.5	10	8.3
Age	18 to 25 years	23	9.6	13	10.8	10	8.3
	26 to 35 years	47	19.6	22	18.3	25	20.8
	36 to 45 Years	60	25.0	28	23.3	32	26.7
	46 to 55 Years	53	22.1	30	25	23	19.2
	More than 55 Years	57	23.8	27	22.5	30	25
Educational Background	Illiterate	7	2.9	5	4.2	2	1.7
	literate but not formal	9	3.8	6	5	3	2.5
	School - 5 to 9 years	24	10.0	17	14.2	7	5.8

contd. table 2

<i>Parameters</i>	<i>Demographic Profiles</i>	<i>Overall</i>		<i>Public</i>		<i>Private</i>	
		<i>Nos.</i>	<i>Percentage</i>	<i>Nos.</i>	<i>Percentage</i>	<i>Nos.</i>	<i>Percentage</i>
Marital Status	School - SSC / HSC	40	16.7	20	16.7	20	16.7
	Some College but not graduate	76	31.7	34	28.3	42	35
	Graduate/PG–General	60	25.0	27	22.5	33	27.5
	Graduate/PG – Professional	24	10.0	11	9.2	13	10.8
	Unmarried	34	14.2	20	16.7	14	11.7
	Married and without Children	34	14.2	12	10	22	18.3
	Married with Children	132	55.0	62	51.7	70	58.3
	Widowed / Divorced / Separated	11	4.6	8	6.7	3	2.5
MHI (Monthly Household Income)in Rs.	Older Couple Staying Alone	29	12.1	18	15	11	9.2
	Less than Rs. 10000	23	9.6	17	14.2	6	5
	Rs. 10001 - Rs. 20000	34	14.2	22	18.3	12	10
	Rs.20001 - Rs. 30000	94	39.2	43	35.8	51	42.5
	Rs. 30001 - Rs. 50000	59	24.6	27	22.5	32	26.7
Type of Visit	More than Rs. 50000	30	12.5	11	9.2	19	15.8
	First Visit	80	33.3	43	35.8	37	30.83
	Repeat Visit	160	66.7	77	64.2	83	69.17
Average Spending per visit in Rs.	Less than Rs. 1000	30	12.5	20	16.7	10	8.33
	Rs. 1000 to Rs. 3000	94	39.2	57	47.5	37	30.83
	Rs. 3001 to Rs. 5000	56	23.3	22	18.3	34	28.33
	Rs. 5001 to Rs. 10000	39	16.3	13	10.8	26	21.67
	More than Rs. 10000	21	8.8	8	6.7	13	10.83

Source: Author's Own Analysis

- ✓ The targeted population in both types of hospitals were dominated by male respondents and majorly belonging to the SEC A section.
- ✓ In case of Public hospitals, more no. of respondents were from rural areas compared to the private hospitals.
- ✓ In Public Hospitals, more people visiting were in the upper bracket of 45 years where as in case of private hospitals, more people were in the age group of 36 to 45 years.
- ✓ Education wise, more people were in school / college educated side.
- ✓ In both the hospitals, the majority of the respondents were married with children.
- ✓ The average monthly average income of people lies in the income bracket of Rs. 20,001 to Rs. 30,000/- per month.

- ✓ People were having comparatively more repeated visits than first visit.
- ✓ In Public hospitals spending per visit is comparatively lower than the private counterparts.

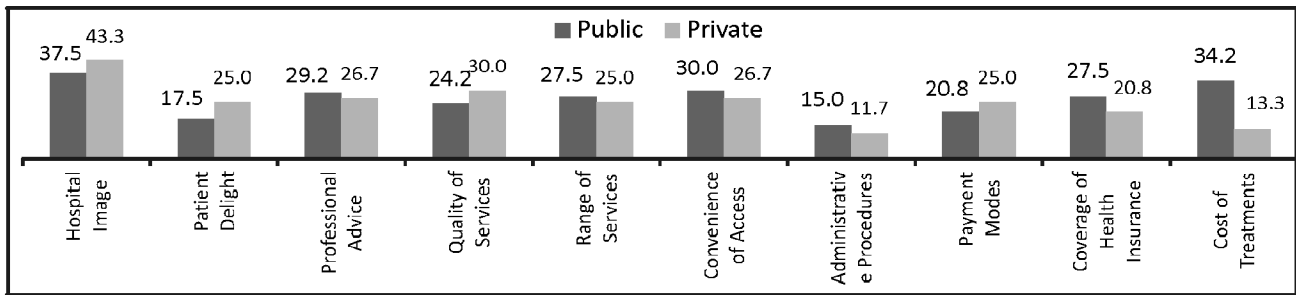


Figure 1: Reasons for availing Medical Care at a particular Hospital

Source: Author's Own Analysis

When asked about the reason for which they have preferred a particular hospital type, the image, quality, range and cost factors were somehow the determinants of the choices made.

The SERVQUAL statements (GAP Analysis)

Table 3
GAP Analysis

<i>Servqual</i>	<i>Descriptive</i>	<i>Public</i>	<i>Private</i>	<i>Overall</i>
<i>Scale</i>	<i>Statements</i>	<i>Gap</i>	<i>Gap</i>	<i>Gap</i>
		<i>Score</i>	<i>Score</i>	<i>Score</i>
Assurance	Courteous and friendly behavior by doctors and staffs	1.16	0.76	0.96
	Possession of a wide spectrum of knowledge by the Doctors	1.12	0.65	0.89
	Treatment of patients with dignity and respect	1.57	0.94	1.26
	Thorough explanation of medical conditions to Patients	1.42	0.94	1.18
Empathy	Collection of Feedbacks from patients	2.79	2.21	2.50
	Round the clock availability of services for convenience of patients	1.82	1.44	1.63
	Patients' best interests at heart of the doctors and staffs	1.60	0.96	1.28
	The specific needs of patients are understood by the doctors and staffs	1.62	1.17	1.40
	Personal attention is given to the patients by doctors and staffs	1.71	1.35	1.53
Reliability	Patients are dealt in a caring fashion by doctors and staffs	1.66	1.14	1.40
	Services provided at the appointed time	1.77	1.31	1.54
	Services to be carried out right at the first time	1.62	1.21	1.42
	Professional and competency shown by the doctors and staffs	1.48	0.87	1.17
	System of error free and fast retrieval of documents	1.82	1.39	1.61
	Consistency of charges	1.36	0.99	1.18
Responsiveness	Provision of Prompt services	1.83	1.42	1.62
	Responsive doctors and staffs	1.82	1.27	1.55
	Attitude of doctors and staff that instills confidence in patients	1.74	1.37	1.55
	Waiting time does not exceed one hour	1.84	1.27	1.56

contd. table 3

Servqual Scale	Descriptive Statements	Public Gap Score	Private Gap Score	Overall Gap Score
Tangibility	Up-to-date and well-maintained medical facilities and equipment	2.19	1.30	1.75
	Clean and comfortable environment and with good directional signs	2.88	1.38	2.13
	Neat appearance of doctors and staffs	1.56	1.12	1.34

Source: Author's Own Analysis

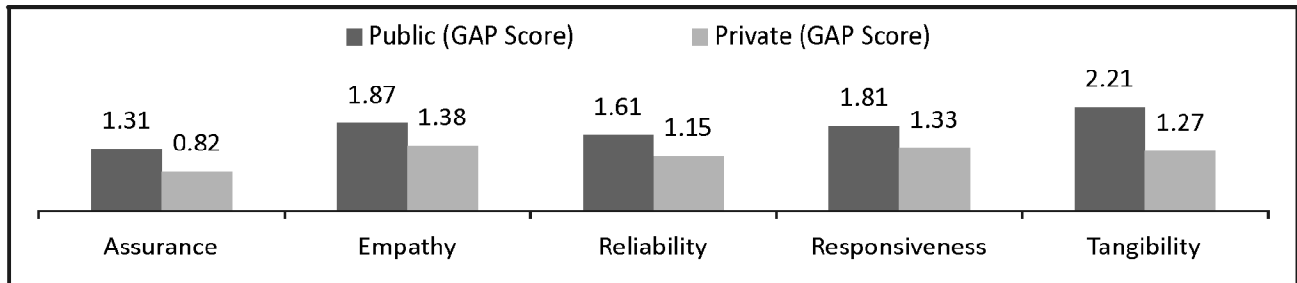


Figure 2: GAP Scores

Source: Author's Own Analysis

The service quality gap is described by the equation $SQ = E_{jk} - P_{jk}$, where E_{jk} = expectation of service dimension, J for respondent k and P_{jk} , = perception of service dimension J for respondent k. The average mean score of expectation and perception is shown here with the calculation of Gap score. The mean score and gap score are available for all the 5 dimensions and associated 22 statements of quality parameters. The GAP score is comparatively higher between the expectations and perceptions in terms of feedback collections, provision of clean and comfortable environment, up-to-date and modern facilities, round the clock availability of services, prompt services, responsiveness followed by others. Between the private and public entities, more amount of GAP scores were found in terms of cleanliness, directional signs, up-to-date equipments and facilities etc. which shows the difference of perception between the public and private sectors.

Satisfaction towards the hospitality Services

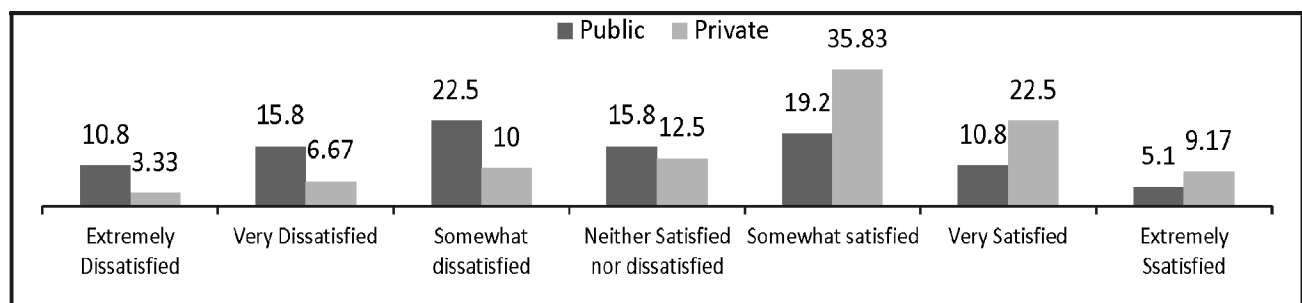


Figure 3: Satisfaction Levels

Source: Author's Own Analysis

When asked about the satisfaction levels, around 68% of the people visiting the private hospitals were found to be satisfied with the service offerings where only 35% of people visiting public entities were satisfied with the hospital services.

Views regarding the pricing of various services

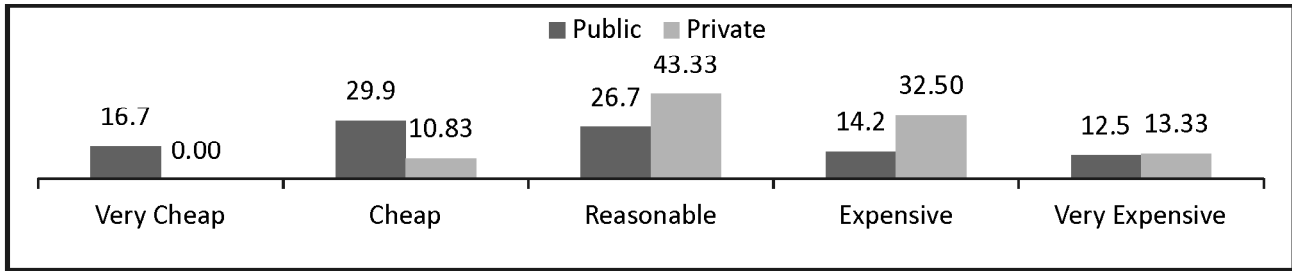


Figure 4: Views regarding Pricing

Source: Author's Own Analysis

Around 45.83% of people visiting to private hospital perceived the charges to be expensive whereas around 46.6 % of people availing services at Public hospitals found the charges to be cheaper.

Ranking of various parameters in Hospitals

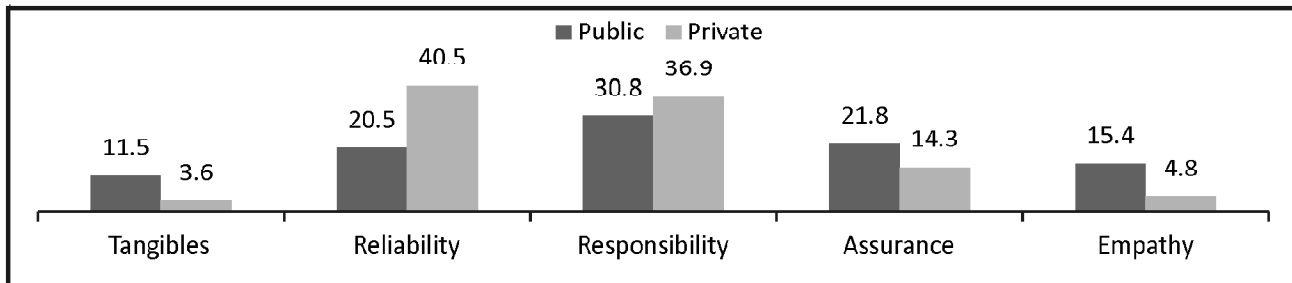


Figure 5: Ranking of various entities

Source: Author's Own Analysis

When the respondents were asked to rank the important parameters to evaluate services, mostly the reliability and responsibility aspects were chosen as no 1 followed by assurance, empathy and tangibility.

Dislikes

When asked to provide suggestions for quality improvements, many suggestions were received for improving the waiting time before consultations, reasonable costs of treatment, behavioural training for the doctors and staffs, regular and impartial collection of feedbacks from the patients, facilities for the attendants, maintenance of hygienic conditions, speeding up of the procedures became the chart toppers followed by others.

Table 4
Areas for Improvement

Sl. No	Areas of Improvement	Percentage
1	Waiting Periods before consultations	62
2	Reasonable costs of treatments, medicines and tests	55
3	Behavioural Improvement of the Staffs	50
4	Regular Feedbacks from the patients	47
5	Mismanagement near the test-labs	46
6	Sufficient dormitories for Attendants	45
7	Convenience and Safer Parking facilities	41
8	Hygiene & Sanitation conditions	39
9	Safety at night in the nearby areas and approaching roads	34
10	Strong administrative measures to speed up the procedures in case of discharge / death / post mortem etc.	33

Source: Author's Own Analysis

Suggestions with lessons from the hotel industry: The people working in the hospitals normally have a hectic schedule, emergency situations, odd hours of working, and face an anxious distress mass as compared to the people working in hotels. Due to these, stress build up and more often causes unpleasant experiences for both the employees and customers in a hospital setup.

In order to address these challenges, the theorems applied in the hotels can help a lot for improving the relationship between host and customers. If we look at the guest cycle employed in the hotel industry, it has five components of pre-arrival, arrival, stay, departure and post-departure procedures. On the same line, we can develop the strategies for hospital industry where the cross-fertilization of the concepts can give boost to the efforts towards holistic customer satisfaction.

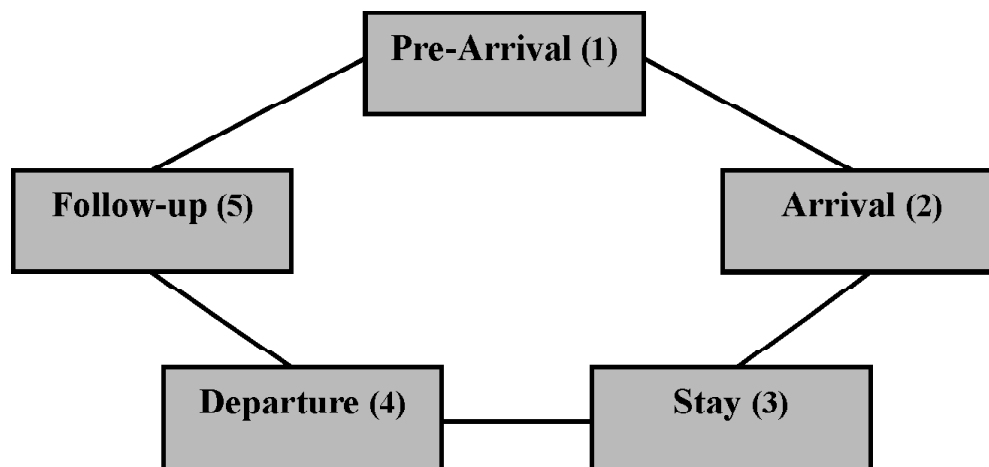


Figure 6: Ideal Guest Cycle (As discussed in Front Office Management in hotels)

Source: Author's Own plot

Phase 1: Pre-Arrival / Pre-Admission: In the pre-admission phase, the difference between a hotel and a hospital is the way the guests / patients are handled. In case of hospitals, before a patient is admitted, he / she has to undergo several medical tests, checkups, filling of various forms, and often are exempted from consumption of food or water due to medication procedures. All these make the preadmission process of a patient full of worries, nervousness, uneasiness and discomfort for both the sufferer and the accompanying persons.

This is the area where the knowledge and theory of hospitality can play a major differentiator in providing comfort to the customers and their reference groups. In this phase we need to maintain patience and provide as much as possible information to them regarding the treatment and admission process. Help them in filling up the forms, bearing a smile while dealing with the attendants of the patients can cause miracles and help them in building up their levels of expectations in and around the hospital and its treatment process.

Phase 2: Arrival / Check-in Process: In the hospital setups, normally it is seen that in the odd hours of operation, even in the normal working hours, absenteeism, delay reporting to duties, unavailability at the working areas often causes hindrances in providing the customer a flawless environment to be received which is normally unheard in hotel industry. This is another serious issue and often causes friction between the customers and the hospital staffs. In hotels, there is a concept of first 15 minutes experience, which is critical to set the entire tone of the visit. Therefore, the people working there take it very seriously and needs to be carried over to the hospitals in order to make the checking in process hassle free. People visiting to a hospital certainly seek extra care, clear information, direction and words of comfort in which the art of hospitality can play a major role. Today, normally the hotels are using the express checking-in system to ensure sharp reduction in waiting period which can be carried over to the hospital sector. Availability of rooms, physicians, other medical staffs, operation theatre arrangement can all be streamlined together if we employ a stringent administrative procedure to link them together. Also with introduction of electronic medical reports, internet connectivity and aadhaar integration procedures have ample opportunities to improvise upon the current practices. If the patient is a repeated one, the procedure for them has to be simplified, so that they will not face any other discomfort than their own problem / diseases.

Phase 3 Admission & Stay: Doctors and other staffs normally gets respect from the customers visiting them as they are somehow seen as the demigods who can provide cure to the suffering person. In return, they also need to provide time and attention to each and every individual person seeking treatment. The communication with the physicians plays an important role in overall hospital experience of the patients. Though, the medical procedure is often primarily driven by the technical aspects related to the treatment of diseases, other functional features like clear and sober communication process, respectful behaviour, the art of listening and giving feedbacks, providing time to the patients to express their feelings / symptoms and empathetic attitude does make a difference in their view towards the overall quality of the hospital. A simple gesture of standing by the side of the patient's bed and sitting at the corner of the patient's bed during check-up also affects the service delivery process (Quigley *et al.*, 2014; Stewart M.A. 1995; Swayden *et al.*, 2012). Similarly, the overall interaction quality with other stake holders of a hospital like nurses, ward boys, medical assistants, therapists, transport personnel, food service staff, and technician also enhances the in-house experience of the patients and helps in building their overall perceptions. (Kutney *et al.*, 2009). In case of hotels, various employees like concierge, housekeeping, restaurant and bar

staffs etc. necessarily affect the guests and their experiences for which normally their reimbursements are linked with their performances. But in case of hospitals, the many associate members of it are unknown for the patients and their relatives as their main point of contact becomes the doctors. A good way to link these disparities is to introduce the service employees to the patients and their attendants and provision of behavioural training to the staff for improvement of interaction quality between them. Another major aspect which remains unexplored in this area is the type of interaction that happens between the employees including the physicians with the families, care givers, and attendants of the patients. Due to their sickness and related anxiousness, the patients normally lack understanding of the technical aspects and the post treatment precautions and other medicinal procedures. In that situation the role of the caregivers and family members plays important roles and therefore they need to be included in the whole process of communication from the beginning in order to make the procedure more clear and effective. (Simons *et al.*, 2014). Another often sorted aspect during admission is the type of culinary experience received by the customers. Normally in hospitals, food is prepared at the therapeutic kitchens and served to the patients. And the attendants / family members have their food brought by them or at the canteens. Maintenance of quality in the available food within the premises is mandatory as it greatly affects the perception towards the hospital. In India, food for patients available at public hospital suffers from quality which needs to be enhanced also strict quality control of food items is needed to ensure the patient's satisfaction. Same thing goes for the aesthetics of the hospital, infrastructural developments, appearance of the employees, equipments, safety & security within and outside the premises and most importantly the cleanliness and hygiene of the surroundings. We need to provide the home like feelings to the customers that will help them to get recovered soon as well as to have a lasting impression about the hospital. In all these scenarios, the knowledge and practice followed in the hotel industry today can be and should be applied to enhance the overall hospital stay experience of the patients. As the Indian hospitals are gearing up to cater the patients from across the globe, we need to enhance this service –encounter phase meaningful in order to provide adequate levels of treatment as well as associated services in order to satisfy their needs apart from the normal educational programme to make them understand their roles, what to expect, and where to go for help in need.

After doing our part to ensure customer satisfaction, still in many cases, grievances arise. The idea is to turn the unsatisfied customers into delighted customers by solving their complaints promptly and proactively. This philosophy of guest care has been aptly adopted by the hotel sector which needs to be completely transferred to the hospital industry in order to make the experience more worthy. By this proactive problem solving approach, the guests often gets surprised and delighted and converted from an unhappy customer to a lifetime customer (Zygourakis, 2014). Obviously in a hospital, we cannot extend the rebate / credit policy as applied in the hotel industry for a service failure scene, but at least we need to invest more our wholehearted efforts in identifying the patient dissatisfaction areas. In some cases though the hospital staffs, environment or doctors may not be directly related to a patient's dissatisfaction reasons (Dissatisfaction may arise due to the suffering caused by a medical condition) a good and open communication can save the day. Normally in hotel industry, shift reports are generated to track the guest's satisfaction. Same thing can be done in the hospitals to ensure not a single customer leaves the premises unhappily (Radtke, 2013).

Phase 4 Departure / Discharge: While leaving the hospitals, the associate members like nurses, physical therapists, medical aids, pharmacists, ambulance personnel and social workers (other than the

physicians) play major role. After the doctor's authorization for discharge, it often get delayed at various checkpoints starting from the nurse's verification, payment clearance, transportation if required and any other clearances like the return of any unused medicine etc. In case of payment clearance, often the patients pays through insurance which makes the process more lengthy as we need to wait for the clearance from the insurance providers which is a third party. This process has to be made quicker as it greatly affects the satisfaction experience of the customers. Similarly, in this phase the communication between the hospital authorities and the care takers / family members of the patients is very necessary as the post operative / post treatment care, medication, follow-up visits etc. has to be discussed with them in detail. Detailed instruction should be given to the patients and family members about the contact details and procedure followed in the hospitals for dealing with emergency situation after discharged from the hospitals. In unfortunate incidences, where the patient passes away, the role of hospital staffs increases by manifolds. At that moment of grief, emotions as well as temper usually run high and the attendants and family members are normally in a volatile mood and any discrepancy in services shown by the hospital staff usually results in tension, and many times lead to verbal even physical abuse. In that particular state we need to maintain extreme caution as well as carry full sympathy towards the deceased and their family members. Many times it has been proved that kind words with an empathetic attitude save the day in worst case scenarios. Therefore, all the hospital staffs including the physicians need to keep their cool and help the family members transit the deceased customer from the hospital to their last destinations. Procedures like post mortem, paper works, payment clearance, ambulance services to carry the body has to be arranged and kept ready 24 X 7 in order to make that transition phase seamless and less stressful.

Phase 5 Post Stay Experience: One shocking truth that came out from our study was the unavailability of feedback system in neither of the public or private hospital types which makes a big difference in perception levels of the customers. During the discharge process a survey / feedback process should be employed by each hospital to take note of the areas where they need to improve for providing complete customer satisfaction. There is no shame in knowing the exact feedbacks as they are the best teachers / management guides to make our standard operating procedures more efficient. The survey responses also needs to be taken seriously by the hospital authorities, and must be disclosed with all people related to it in an unbiased manner. In today's hypercompetitive market, where everyone in the globe are connected vide internet, the opinion matters a lot and we cannot hide our lacunas in any term. Another aspect of this feedback system is to make the patients / relatives realize that they are not only mere objects of profit earning but a major part of our efforts to improve our processes. But to get the true facts, the feedback forms needs to be made simple yet interesting and multi lingual which can be understood by the people who fills in the data. We may get many responses that are not feasible to incorporate but at least we can consult the people who gave those suggestions in order to address or at least identify areas of improvement. If we dare to grow beyond the local mindset and go global, then we need to provide feedback section in our entire hospital management system (including physical / online facilities). Some studies on this grievance handling procedures have proved that patient ratings and word of mouth narratives plays major roles and significantly influence the hospital choices (Huppertz & Carlson, 2010). Also, simple initiatives like a follow-up call, a greeting card, or even a mail / sms can generate positive attitude towards the hospitals. In the hotel sector, this following up process is highly incorporated and currently doing wonders which can be carried to the hospital industry to take benefits out of it.

The role of internal marketing in guest service: While the discussion is on for providing optimal levels of comfort and generation of customer satisfaction, the role of internal marketing in this direction cannot be placed on a back seat. By book definitions, the internal marketing can be defined as the process that occurs within a company to align, motivate, and empower employees at various levels for the consistent service delivery customer experience. The four key strategies followed in this direction are motivation, coordination, information and education. The basic idea behind this is to make the employees satisfied who in turn will make the customers satisfied in best possible manners. The employees should be adequately empowered as well as made accountable in terms of decision making and guest handling. Similarly adequate motivation, ample amount of rewards can generate employee satisfaction which will be carried on to their approach of treating the customers and thereby developing a new culture of customer care.

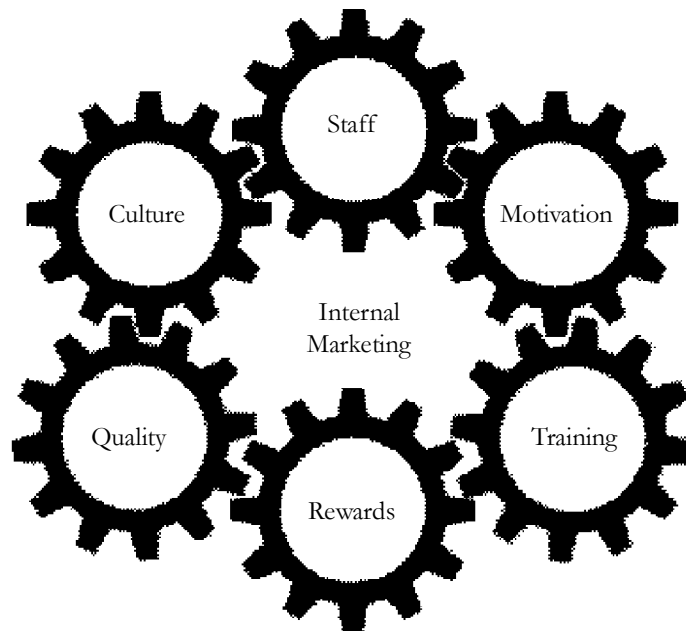
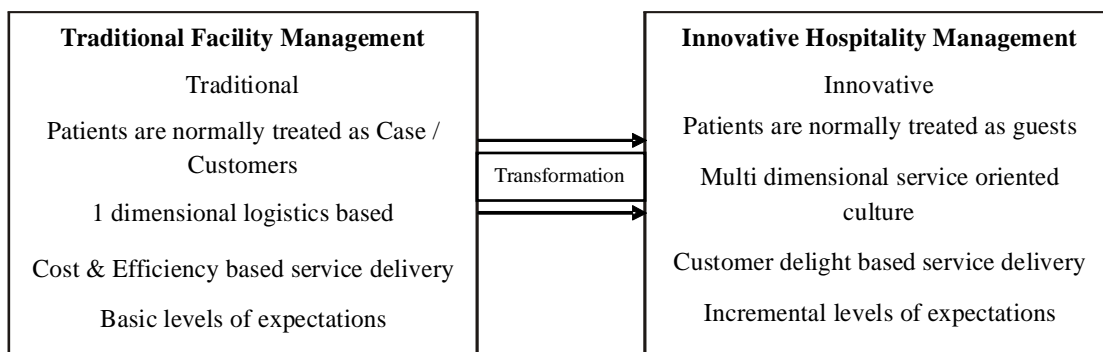


Figure 7: Ideal Guest Cycle (As discussed in Front Office Management in hotels)

Source: Author's Own plot

The transformation from traditional hospital setups to the innovative wellness providers should be aligned when our approach towards service will change as the following diagram.



The Final Words: As already we have discussed, maintenance of technical quality is important but at the same time, we need to focus also on the functional quality as both of them jointly affects the optimum service delivery perceived by the customers. In our country hospitals are often considered as intimidating and uncomfortable. So, we need to change the perception of people shifting the attention from the uncomfortable environment to a pleasant place to get well. In this direction, we can always take the help of hotel industry where the quality customer care concept has been researched and applied well over the years. While we obviously cannot match all parameters of hospital services as same as hotels, we can at least adopt the concepts such as the first 15minutes experience in the arrival stage, enhanced communication processes, whole hearted empathetic approach while treatment, mapping of satisfaction through unbiased feedback system, implementation of the follow-up programme, after the patients get discharged, and maintenance of reputation both offline and online in this high internet literacy market has to be taken seriously amongst other aspects of quality enhancement techniques in the hospital sector.

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